Image# 202211189546827990 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1	(a) Name of Candidate (in full)								
1.	(a) Name of Candidate (in full) Cammack, Kat, , ,								
	(b) Address (number and street)	□ Cha	eck if addre	ss changed		2. Candidate's FEC Identification Number			
	6408 NW 124th St		ock ii addie	33 changed		H0FL03175			
	(c) City, State, and ZIP Code					3. Is This New Amended			
	Gainesville		FL	3265	3	Statement (N) OR (A)			
4.	Party Affiliation	5. Office Sought	t		6. State & Dist	trict of Candidate			
	REPUBLICAN PARTY	House			FL	03			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)								
	NOTE: This designation should be	iled with the appr	ropriate offi	ce listed in th	ne instructions.				
	(a) Name of Committee (in full) KAT FOR CONGRE	SS							
	(b) Address (number and street) 5200 NW 43RD ST STE 102-	180							
	(c) City, State, and ZIP Code								
	GAINESVILLE				FL	32606			
8.	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full) FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST								
	(b) Address (number and street) PO BOX 30844								
	(c) City, State, and ZIP Code								
	BETHESDA				MD	20824			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Sig	gnature of Candidate					Date			
Ca	ımmack, Kat, , ,			[Eleci	tronically Filed]	11/18/2022			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2
1 ago	٠.	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	AMERICAN VICTORY FUND								
	(b) Address (number and street) 824 S MILLEDGE AVE SUITE 101								
	(c) City, State, and ZIP Code								
	ATHENS G/	A	30605						
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full) FOUNDING FATHERS VICTORY FUND								
	(b) Address (number and street) C/O RED CURVE SOLUTIONS 138 CONANT ST, 2ND FL								
	(c) City, State, and ZIP Code								
	BEVERLY	A	01915						
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								